

**FILED OCT 1 1948**  
Registration District No. **318**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Alexian Brothers Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **11 Days**  
(Specify whether  
In this community.....  
years, months or days)

**3. (a) PRINT  
FULL NAME**

**Frank H. Rocklage**

3. (b) If veteran,  
name war..... **\*\*\*\*\***

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married,  
divorced **Married**  
6. (b) Name of husband or wife..... **Elsie Rocklage**  
6. (c) Age of husband or wife if  
alive..... **46** years  
7. Birth date of deceased..... **June 20th. 1900**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**48** **2** **27** hr. min.

9. Birthplace..... **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Proprietor**

11. Industry or business..... **Confectionary**

12. Name..... **Henry W. Rocklage**

13. Birthplace..... **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Olinda Riecke**

15. Birthplace..... **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Elsie Rocklage**

(b) Address..... **3632 A. Humphrey St**

17. (a) **Burial** (b) Date thereof..... **9-20-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Hiram Cemetery**

18. (a) Signature of funeral director..... **Hegenkem Bros**

(b) Address..... **6409 Gravois Ave**  
**SEP 20 1948**

19. (a) (b) **J. F. Brenner**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Missouri** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **3632 A. Humphrey St**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month..... **17th.** day..... **September**  
year..... **1948** hour..... **4:00** minute..... **A.** M.

21. I hereby certify that I attended the deceased from..... **SEPTEMBER**  
**6** 19**48** to..... **SEPTEMBER 17** 19**48**  
that I last saw him alive on..... **September 17** 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....

**Acute Cardiac Dilatation** **10 days**

Due to..... **Lympho Sarcoma**

Due to.....

Other conditions..... **Acute Nephritis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **None**

Of autopsy..... **None**

**PHYSICIAN**

Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... **Julius Chas. Rott** (M. D. or other)

Address..... **2603 Cherokee St** Date signed..... **SEP 20 1948**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Henry M. Brame*

Licensed Embalmer No.....

*4200*

P. O. Address.....

*St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**